

**GENERAL EXCISE/USE, EMPLOYER'S  
WITHHOLDING, TRANSIENT ACCOMMODATIONS  
AND RENTAL MOTOR VEHICLE &  
TOUR VEHICLE SURCHARGE  
APPLICATION CHANGES**

**IMPORTANT: File this form ONLY if there are changes to your application.**

Taxpayer's Name \_\_\_\_\_ GE/WH/TA/RV I.D. No. \_\_\_\_\_

**PLEASE CHANGE MY:**

1. ☐ NAME TO: ( ) \_\_\_\_\_  
Does not include change of ownership. (e.g., if a new FEIN is required, a new license must be obtained.) Reason for name change.
2. ☐ Doing Business As (DBA) Name: ( ) \_\_\_\_\_  
Does not include change of ownership. (e.g., if a new FEIN is required, a new license must be obtained.)
3. ☐ TELEPHONE NUMBER TO: Business ( ) \_\_\_\_\_ Residential ( ) \_\_\_\_\_
4. ☐ ACCOUNTING PERIOD TO: ☐ Calendar Year ☐ Fiscal year ending \_\_\_\_ / \_\_\_\_ As of \_\_\_\_\_.
5. ☐ ACCOUNTING METHOD TO: ☐ Accrual ☐ Cash
6. ☐ **GENERAL EXCISE** FILING PERIOD:
- |  |  |
|--|--|
| <b>From:</b>                           | <b>To:</b>   |
| <input type="checkbox"/> Monthly       | <input type="checkbox"/> Monthly (Annual tax exceeds \$2,000.)             |
| <input type="checkbox"/> Quarterly     | <input type="checkbox"/> Quarterly (Annual tax does not exceed \$2,000.)   |
| <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Semi-annually (Annual tax not more than \$1,000.) |
7. ☐ **WITHHOLDING** FILING PERIOD:
- |                                    |  |
|------------------------------------|--|
| <b>From:</b>                       | <b>To:</b>   |
| <input type="checkbox"/> Monthly   | <input type="checkbox"/> Monthly (Annual tax exceeds \$1,000.)           |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Quarterly (Annual tax does not exceed \$1,000.) |
8. ☐ **TRANSIENT ACCOMMODATIONS** FILING PERIOD:
- |  |  |
|--|--|
| <b>From:</b>                           | <b>To:</b>   |
| <input type="checkbox"/> Monthly       | <input type="checkbox"/> Monthly (Annual tax exceeds \$2,000.)             |
| <input type="checkbox"/> Quarterly     | <input type="checkbox"/> Quarterly (Annual tax does not exceed \$2,000.)   |
| <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Semi-annually (Annual tax not more than \$1,000.) |
9. ☐ **RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE** FILING PERIOD:
- |  |  |
|--|--|
| <b>From:</b>                           | <b>To:</b>   |
| <input type="checkbox"/> Monthly       | <input type="checkbox"/> Monthly (Annual tax exceeds \$2,000.)             |
| <input type="checkbox"/> Quarterly     | <input type="checkbox"/> Quarterly (Annual tax does not exceed \$2,000.)   |
| <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Semi-annually (Annual tax not more than \$1,000.) |

**PLEASE ADD:**

10. ☐ FEDERAL EMPLOYER'S I.D. NO. \_\_\_\_\_  
(If your FEIN has changed, you must apply for a new license. This line is ONLY for those applicants who did not have a FEIN at the time the original application was filed.)
11. ☐ PARENT CORPORATION'S: FEIN \_\_\_\_\_ G.E. I.D. NUMBER \_\_\_\_\_
12. ☐ NEW PARTNERS OR CORPORATE OFFICERS (List on back of this form.)
13. ☐ NEW BUSINESS ACTIVITY \_\_\_\_\_
14. ☐ ADDRESS(ES) OF YOUR RENTAL REAL PROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS, AND TRANSIENT ACCOMMODATIONS. (List on back of this form.)
15. ☐ DBA (Doing Business As) Name \_\_\_\_\_
16. ☐ MY SPOUSE: Name \_\_\_\_\_ SSN \_\_\_\_\_

**MAILING  
ADDRESSES**

OAHU DISTRICT OFFICE  
P.O. BOX 1425  
HONOLULU, HI 96806-1425

MAUI DISTRICT OFFICE  
P.O. BOX 1427  
WAILUKU, HI 96793-6427

HAWAII DISTRICT OFFICE  
P.O. BOX 937  
HILO, HI 96721-0937

KAUAI DISTRICT OFFICE  
P.O. BOX 1687  
LIHUE, HI 96766-5687

**PLEASE DELETE:**

17. ☐ PARTNERS OR CORPORATE OFFICERS. (List on back of this form.)
18. ☐ BUSINESS ACTIVITY \_\_\_\_\_
19. ☐ ADDRESS(ES) OF YOUR RENTAL REAL PROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS, AND TRANSIENT ACCOMMODATIONS. (List on back of this form.)
20. ☐ DBA (Doing Business As) Name \_\_\_\_\_
21. ☐ SPOUSE: Name \_\_\_\_\_ SSN \_\_\_\_\_

Signature

Print name and title

Date

[illegible]